

Fill in this information to identify your case:

United States Bankruptcy Court for the:

CENTRAL DISTRICT OF CALIFORNIA

Case number (if known)

Chapter 7

Check if this an
amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	<u>Gavin Herbert Company</u>		
2. All other names debtor used in the last 8 years	<u>DBA Horton & Converse</u> <u>DBA Horton & Converse Pharmacy (ies)</u> <u>DBA Horton & Converse Home Medical</u> <u>DBA Horton & Converse Home Medical Equipment and Supplies</u>		
3. Debtor's federal Employer Identification Number (EIN)	<u>95-2769837</u>		
4. Debtor's address	Principal place of business <u>881 Dover Drive, #310</u> <u>Newport Beach, CA 92663</u> Number, Street, City, State & ZIP Code	Mailing address, if different from principal place of business <u>P.O. Box 9889</u> <u>Newport Beach, CA 92658</u> P.O. Box, Number, Street, City, State & ZIP Code	
	<u>Orange</u> County	Location of principal assets, if different from principal place of business Number, Street, City, State & ZIP Code	
5. Debtor's website (URL)	<u>hortonandconverse.com</u>		
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: _____		

Debtor Gavin Herbert Company
Name _____ Case number (if known) _____**7. Describe debtor's business**

A. Check one:

Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Railroad (as defined in 11 U.S.C. § 101(44))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 Clearing Bank (as defined in 11 U.S.C. § 781(3))
 None of the above

B. Check all that apply

Tax-exempt entity (as described in 26 U.S.C. §501)
 Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
 Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See
<http://www.uscourts.gov/four-digit-national-association-naics-codes>.6199**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

Check one:

Chapter 7
 Chapter 9
 Chapter 11. Check all that apply:

The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
 The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, and it chooses to proceed under Subchapter V of Chapter 11. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
 A plan is being filed with this petition.
 Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
 The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
 The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

No.
 Yes.

If more than 2 cases, attach a separate list.

District _____ When _____ Case number _____
District _____ When _____ Case number _____

Debtor Gavin Herbert Company
Name _____ Case number (if known) _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

No
 Yes.

List all cases. If more than 1, attach a separate list

Debtor _____ Relationship _____
District _____ When _____ Case number, if known _____

11. Why is the case filed in this district? Check all that apply:

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
 A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

 No Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
 What is the hazard? _____
 It needs to be physically secured or protected from the weather.
 It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
 Other _____

Where is the property?

Number, Street, City, State & ZIP Code _____

Is the property insured?

 No Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

 Funds will be available for distribution to unsecured creditors. After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

 1-49
 50-99
 100-199
 200-999 1,000-5,000
 5,001-10,000
 10,001-25,000 25,001-50,000
 50,001-100,000
 More than 100,000

15. Estimated Assets

 \$0 - \$50,000
 \$50,001 - \$100,000
 \$100,001 - \$500,000
 \$500,001 - \$1 million \$1,000,001 - \$10 million
 \$10,000,001 - \$50 million
 \$50,000,001 - \$100 million
 \$100,000,001 - \$500 million \$500,000,001 - \$1 billion
 \$1,000,000,001 - \$10 billion
 \$10,000,000,001 - \$50 billion
 More than \$50 billion

16. Estimated liabilities

 \$0 - \$50,000 \$1,000,001 - \$10 million \$500,000,001 - \$1 billion

Debtor

Gavin Herbert Company

Name

Case number (*if known*)

<input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
---	---	--

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature
of authorized
representative of debtor

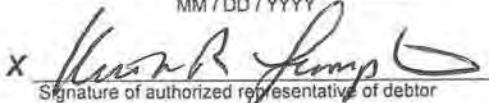
The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on April 24, 2024
MM / DD / YYYY


X _____
Signature of authorized representative of debtor

Keith Lumpkin

Printed name

Title President

18. Signature of attorney

X /s/ Thomas J. Polis, Esq.

Signature of attorney for debtor

Date April 24, 2024

MM / DD / YYYY

Thomas J. Polis, Esq. 119326

Printed name

Polis & Associates, APLC

Firm name

19800 MacArthur Boulevard, Suite 1000

Irvine, CA 92612-2433

Number, Street, City, State & ZIP Code

Contact phone (949) 862-0040

Email address tom@polis-law.com

119326 CA

Bar number and State

Fill in this information to identify the case:

Debtor name Gavin Herbert Company

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) _____

Check if this is an
amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

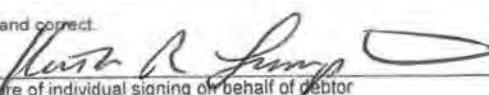
I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- Schedule H: Codebtors (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- Amended Schedule
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on April 24, 2024

X 

Signature of individual signing on behalf of debtor

Keith Lumpkin

Printed name

President

Position or relationship to debtor

**STATEMENT OF RELATED CASES
INFORMATION REQUIRED BY LBR 1015-2
UNITED STATES BANKRUPTCY COURT, CENTRAL DISTRICT OF CALIFORNIA**

1. A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, his/her spouse, his or her current or former domestic partner, an affiliate of the debtor, any copartnership or joint venture of which debtor is or formerly was a general or limited partner, or member, or any corporation of which the debtor is a director, officer, or person in control, as follows: (Set forth the complete number and title of each such of prior proceeding, date filed, nature thereof, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

None

2. (If petitioner is a partnership or joint venture) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor or an affiliate of the debtor, or a general partner in the debtor, a relative of the general partner, general partner of, or person in control of the debtor, partnership in which the debtor is a general partner, general partner of the debtor, or person in control of the debtor as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of the proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

None

3. (If petitioner is a corporation) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, or any of its affiliates or subsidiaries, a director of the debtor, an officer of the debtor, a person in control of the debtor, a partnership in which the debtor is general partner, a general partner of the debtor, a relative of the general partner, director, officer, or person in control of the debtor, or any persons, firms or corporations owning 20% or more of its voting stock as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

None

4. (If petitioner is an individual) A petition under the Bankruptcy Reform Act of 1978, including amendments thereto, has been filed by or against the debtor within the last 180 days: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

None

I declare, under penalty of perjury, that the foregoing is true and correct.

Executed at Newport Beach, California.

Date: April 24, 2024


Keith Lumpkin
Signature of Debtor 1

Signature of Debtor 2

Fill in this information to identify the case:

Debtor name Gavin Herbert Company

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) _____

Check if this is an amended filing

**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from Schedule A/B..... \$ 0.00

1b. **Total personal property:**

Copy line 91A from Schedule A/B..... \$ 59,345.32

1c. **Total of all property:**

Copy line 92 from Schedule A/B..... \$ 59,345.32

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of Schedule D..... \$ 0.00

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of Schedule E/F..... \$ 0.00

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F..... +\$ 1,926,286.81

4. **Total liabilities**
Lines 2 + 3a + 3b

\$ 1,926,286.81

Fill in this information to identify the case:

Debtor name **Gavin Herbert Company**

United States Bankruptcy Court for the: **CENTRAL DISTRICT OF CALIFORNIA**

Case number (if known) _____

Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

No. Go to Part 2.

Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. **Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm) Type of account

Last 4 digits of account number

3.1. Wells Fargo Bank	Business Checking	1934	\$1,822.00
------------------------------	--------------------------	-------------	-------------------

4. **Other cash equivalents (Identify all)**

5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$1,822.00

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

No. Go to Part 3.

Yes Fill in the information below.

7. **Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1. rental security deposit for: 881 Dover Drive, Newport Beach, CA 92663	\$5,000.00
---	-------------------

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$5,000.00

Debtor Gavin Herbert Company
Name _____

Case number (*If known*) _____

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

No. Go to Part 4.
 Yes Fill in the information below.

Part 4: Investments

13. Does the debtor own any investments?

No. Go to Part 5.
 Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

No. Go to Part 6.
 Yes Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
20. Work in progress				
21. Finished goods, including goods held for resale				
22. Other inventory or supplies <u>see attached</u>		\$0.00		\$0.00

23. Total of Part 5.

Add lines 19 through 22. Copy the total to line 84.

\$0.00

24. Is any of the property listed in Part 5 perishable?

No
 Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

No
 Yes. Book value _____ Valuation method _____ Current Value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

No
 Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

No. Go to Part 7.
 Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

No. Go to Part 8.

Gayin Herbert Co.

Reconciliation of Inventory Sold vs. Book

Physical Inventory 12/22/2023	\$134,546.57
Book Inventory 12/31/2023	\$137,609.37
Book Inventory 1/31/2024	\$132,932.88
Book Inventory 2/29/2024	\$120,325.66
Book Inventory 3/31/2024	\$24,597.83

The store physically closed for regular retail business on February 23, 2024.

Store Manager, Maria Sanchez, continued to come into the location to clean up store and sell inventory if possible.

Some items were out on rental. Maria contacted those customers by phone and offered a purchase at a reduced rate.

Some rental customers purchased their equipment. Some customers were unreachable and the equipment was abandoned.

Customers saw that Maria was in the location and wanted to buy items.

Maria sold items to retail customers at our cost.

	Sales	Cost of Sales	% of Cost Realized
From 2/24/2024 to 4/6/2024	\$17,625.25	\$17,875.90	98.6%

Abandoned Rental Equipment	0	\$1,561.20
----------------------------	---	------------

Maria also contacted other Home Medical Equipment and Supplies retailers in the Los Angeles area to purchase the inventory.

They would come to see what we had and make an offer. No Sales to Related Parties.

Pico Medical Equipment & Supplies:	Sales	Cost of Sales	% of Cost Realized	
Attention: Kimberly	\$9,137.20	\$22,662.34	40.3%	Wheelchairs, Scooters, Walkers, Wound Care, Misc.
6035 W. Pico Blvd, Los Angeles, CA 90035				
Toll: 800.676.0400				
Local: 323.936.4104				

Victory Home Med 16823 Bellflower Blvd, Bellflower, CA 90706 (562) 925-7575	\$22,660.00	\$60,318.43	37.6%	General Supplies, Rental Equipment, Compression Stockings
--	-------------	-------------	-------	---

Acology Shop 1414 Wilshire Blvd. Santa Monica, CA 90403 (310) 260-9633	\$1,085.00	\$2,140.00	50.7%	Misc. Medical Supplies
---	------------	------------	-------	------------------------

Regency Product International David Soomekh P.O. Box 64572 Los Angeles, CA 90064 (323) 266-2500	\$2,000.00	\$26,444.19	7.6%	Sale of old outdated mdse.
---	------------	-------------	------	----------------------------

Sales to Dealers Subtotal	\$34,882.20	\$111,564.96	31.3%	
---------------------------	-------------	--------------	-------	--

Grand Total Sales Retail/Write off/Dealers	\$52,507.45	\$131,002.06	40.1%	
--	-------------	--------------	-------	--

Book Inventory 1/31/2024	\$132,932.88
--------------------------	--------------

Debtor Gavin Herbert Company _____ Case number (*If known*) _____
Name _____

Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
---------------------	--	---	------------------------------------

39. **Office furniture**
1 desk; 1 server; and 6 black filing cabinets \$0.00 N/A \$1,000.00

40. **Office fixtures**

41. **Office equipment, including all computer equipment and communication systems equipment and software**

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$1,000.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

No
 Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

No
 Yes

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

No. Go to Part 9.
 Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
---------------------	--	---	------------------------------------

47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

47.1. **2016 Toyota Prius (transferred in lieu of salary/pay)** \$0.00 N/A \$0.00

48. **Watercraft, trailers, motors, and related accessories** Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$0.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

No
 Yes

Debtor Gavin Herbert Company _____ Case number (*If known*) _____
Name _____

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

No
 Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

No. Go to Part 10.
 Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

No. Go to Part 11.
 Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites <u>hortonandconverse.com</u>	<u>\$0.00</u>		<u>Unknown</u>
62. Licenses, franchises, and royalties <u>California medical equipment dealer license</u>	<u>\$0.00</u>		<u>Unknown</u>
63. Customer lists, mailing lists, or other compilations <u>medical equipment in field</u>	<u>\$0.00</u>		<u>Unknown</u>
64. Other intangibles, or intellectual property			
65. Goodwill			
66. Total of Part 10.			<u>\$0.00</u>

Add lines 60 through 65. Copy the total to line 89.

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

No
 Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

No
 Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

No
 Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

No. Go to Part 12.
 Yes Fill in the information below.

Debtor	<u>Gavin Herbert Company</u> Name	Case number (<i>If known</i>)	
			Current value of debtor's interest
71.	Notes receivable Description (include name of obligor)		
72.	Tax refunds and unused net operating losses (NOLs) Description (for example, federal, state, local)		
	<u>Employment Retention Tax Credit Refund</u>	Tax year <u>2021</u>	<u>\$49,234.61</u>
	<u>Employment Retention Tax Credit</u>	Tax year <u>2020</u>	<u>\$2,288.71</u>
73.	Interests in insurance policies or annuities		
74.	Causes of action against third parties (whether or not a lawsuit has been filed)		
75.	Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims		
76.	Trusts, equitable or future interests in property		
77.	Other property of any kind not already listed Examples: Season tickets, country club membership		
78.	Total of Part 11. Add lines 71 through 77. Copy the total to line 90.		<u>\$51,523.32</u>
79.	Has any of the property listed in Part 11 been appraised by a professional within the last year?		
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		

Debtor Gavin Herbert Company
Name _____

Case number (*If known*) _____

Part 12: **Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$1,822.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$5,000.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$0.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$1,000.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$51,523.32	
91. Total. Add lines 80 through 90 for each column	\$59,345.32	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$59,345.32

Fill in this information to identify the case:

Debtor name **Gavin Herbert Company**

United States Bankruptcy Court for the: **CENTRAL DISTRICT OF CALIFORNIA**

Case number (if known) _____

Check if this is an
amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
 Yes. Fill in all of the information below.

Fill in this information to identify the case:

Debtor name **Gavin Herbert Company**United States Bankruptcy Court for the: **CENTRAL DISTRICT OF CALIFORNIA**

Case number (if known) _____

 Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.
 Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

	Amount of claim
3.1 Nonpriority creditor's name and mailing address ADP, Inc. PO Box 830272 Philadelphia, PA 19182	\$1,054.00
Date(s) debt was incurred _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>
Last 4 digits of account number _____	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Basis for the claim: _____
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.2 Nonpriority creditor's name and mailing address AT&T P.O. Box 5014 Carol Stream, IL 60197	\$35.00
Date(s) debt was incurred _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>
Last 4 digits of account number _____	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Basis for the claim: _____
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3 Nonpriority creditor's name and mailing address BSN Medical P.O. Box 3036 Carol Stream, IL 60132	\$5,362.95
Date(s) debt was incurred _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>
Last 4 digits of account number _____	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Basis for the claim: _____
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.4 Nonpriority creditor's name and mailing address California Automobile P.O. Box 5600 Rancho Cucamonga, CA 91729	\$1,354.05
Date(s) debt was incurred _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>
Last 4 digits of account number _____	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Basis for the claim: _____
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Gavin Herbert Company Name	Case number (if known)	
3.5	Nonpriority creditor's name and mailing address Cardinal Health At Home P.O. Box 635864 Cincinnati, OH 45263 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,247.23
3.6	Nonpriority creditor's name and mailing address Century City Mall, LLC 7950 Collection Center Drive Chicago, IL 60693 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,642.83
3.7	Nonpriority creditor's name and mailing address Charter Communications P.O. Box 60074 City of Industry, CA 91716 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$997.63
3.8	Nonpriority creditor's name and mailing address CIM Group Lockbox# 18943183 P.O. Box 8315 Pasadena, CA 91109 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>9/23 - 4/24 office rent (11600 Wilshire, LA)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$132,389.79
3.9	Nonpriority creditor's name and mailing address Citron Cooperman 50 Rockefeller Plaza, Fl. 3 New York, NY 10020 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,450.00
3.10	Nonpriority creditor's name and mailing address Dept. of Health Care Services P.O. Box 9977421 MS 4720 Sacramento, CA 95899 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,987.22
3.11	Nonpriority creditor's name and mailing address DJ Orthopedics, LLC P.O. Box 650777 Dallas, TX 75265 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$448.89

Debtor	Gavin Herbert Company Name	Case number (if known)	
3.12	Nonpriority creditor's name and mailing address Drive Medical Design & Mftg. 29427 Network Place Chicago, IL 60673 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,328.41
3.13	Nonpriority creditor's name and mailing address Federal Express P.O. Box 7221 Pasadena, CA 91109 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$228.96
3.14	Nonpriority creditor's name and mailing address Freeman, Freeman & Smiley 1888 Century Park East, Suite 1500 Los Angeles, CA 90067 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$79,137.95
3.15	Nonpriority creditor's name and mailing address Frontier Communications P.O. Box 740407 Cincinnati, OH 45274 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,494.99
3.16	Nonpriority creditor's name and mailing address Golden Technologies 401 Bridge Street Old Forge, PA 18518 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$298.68
3.17	Nonpriority creditor's name and mailing address goto Premium Finance P.O. Box 4312 Woodland Hills, CA 91365 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$545.37
3.18	Nonpriority creditor's name and mailing address Independence Medical P.O. Box 635864 Cincinnati, OH 45263 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,126.16

Debtor	Gavin Herbert Company	Case number (if known)
Name		
3.19	Nonpriority creditor's name and mailing address KBKG Accounting 225 S. Lake Avenue, Suite 400 Pasadena, CA 91101	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.20	Nonpriority creditor's name and mailing address Keith Lumpkin P.O. Box 9889 Newport Beach, CA 92658	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: <u>promissory note/loans</u>
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.21	Nonpriority creditor's name and mailing address Mckesson General Medical P.O. Box 933027 Atlanta, GA 31193	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.22	Nonpriority creditor's name and mailing address Medi USA, LP P.O. Box 358110 Pittsburgh, PA 15251	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.23	Nonpriority creditor's name and mailing address NewMedical Technology, Inc. 310 Era Drive Northbrook, IL 60062	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.24	Nonpriority creditor's name and mailing address Nova Ortho-Medi, Inc. 1470 Beachey Place Carson, CA 90746	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.25	Nonpriority creditor's name and mailing address Ossur Americas, Inc. P.O. Box 83190 Woburn, MA 01813	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Gavin Herbert Company	Case number (if known)	
Name			
3.26	Nonpriority creditor's name and mailing address Ovation Medical P.O. Box 971 Agoura Hills, CA 91301 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
3.27	Nonpriority creditor's name and mailing address Pedifix, Inc. 301 Fields Lane Brewster, NY 10509 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$204.64
3.28	Nonpriority creditor's name and mailing address Penn Records Management 2551 South Garnsey Street Santa Ana, CA 92707 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$420.66
3.29	Nonpriority creditor's name and mailing address Performance Health P.O. Box 93040 Chicago, IL 60673-3040 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$84.86
3.30	Nonpriority creditor's name and mailing address Phillips 66 P.O. Box 669824 Dallas, TX 75266 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$434.56
3.31	Nonpriority creditor's name and mailing address Regency Product International P.O. Box 64572 Los Angeles, CA 90064 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$199.80
3.32	Nonpriority creditor's name and mailing address Salk, Inc. Highway, Suite 5 Commack, NY 11725 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$172.32

Debtor	Gavin Herbert Company Name	Case number (if known)
3.33	Nonpriority creditor's name and mailing address Signature Services 4425 Jamboree Rd., #250 Newport Beach, CA 92660 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>landlord</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.34	Nonpriority creditor's name and mailing address Sigvaris, Inc. P.O. Box 2809 Peachtree City, GA 30269 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.35	Nonpriority creditor's name and mailing address Sola Security of Los Angeles 7916 Ajay Drive Sun Valley, CA 91352 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.36	Nonpriority creditor's name and mailing address Staples Business Credit P.O. Box 105638 Atlanta, GA 30348 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.37	Nonpriority creditor's name and mailing address The LSMD Fund LA, LLC 2029 Century Park East, Suite 2100 Los Angeles, CA 90067 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.38	Nonpriority creditor's name and mailing address VGM Forbin P.O. Box 2817 Waterloo, IA 50704 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.39	Nonpriority creditor's name and mailing address Vive Health 8955 Fontana Del Sol Way Naples, FL 34109 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

Debtor **Gavin Herbert Company** Case number (if known) _____

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	CIM Group 4700 Wilshire Blvd. Los Angeles, CA 90010	Line <u>3.8</u> <input type="checkbox"/> Not listed. Explain _____	-
4.2	Cox, Castle & Nicholson, LLP Paul E. Van Hoomissen, Esq. 2029 Century Park East Los Angeles, CA 90067	Line <u>3.37</u> <input type="checkbox"/> Not listed. Explain _____	-
4.3	Michael A. Shakouri, Esq. Goodkin Law Group, APC 1900 Avenue of the Stars, # 1820 Los Angeles, CA 90067	Line <u>3.8</u> <input type="checkbox"/> Not listed. Explain _____	-
4.4	Superior Court of Los Angeles Stanley Mosk Courthouse 111 North Hill Street Los Angeles, CA 90012	Line <u>3.37</u> <input type="checkbox"/> Not listed. Explain _____	-

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1
 5b. Total claims from Part 2

5c. Total of Parts 1 and 2
 Lines 5a + 5b = 5c.

Total of claim amounts		
5a.	\$	<u>0.00</u>
5b.	+	\$ <u>1,926,286.81</u>
5c.	\$	<u>1,926,286.81</u>

Fill in this information to identify the case:

Debtor name Gavin Herbert Company

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) _____

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.2 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.3 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.4 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

Fill in this information to identify the case:

Debtor name Gavin Herbert Company

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) _____

Check if this is an amended filing

Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

D
 E/F
 G

2.1

Street

City

State

Zip Code

2.2

Street

City

State

Zip Code

D
 E/F
 G

2.3

Street

City

State

Zip Code

D
 E/F
 G

2.4

Street

City

State

Zip Code

D
 E/F
 G

Fill in this information to identify the case:

Debtor name Gavin Herbert Company

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) _____

Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:
From 1/01/2024 to Filing Date

Operating a business

\$102,920.00

Other _____

For prior year:
From 1/01/2023 to 12/31/2023

Operating a business

\$790,367.00

Other _____

For year before that:
From 1/01/2022 to 12/31/2022

Operating a business

\$887,882.00

Other _____

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

For prior year:
From 1/01/2023 to 12/31/2023

lawsuit settlement

\$350,000.00

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

Debtor

Gavin Herbert Company None.

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer Check all that apply
-----------------------------	-------	-----------------------	---

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

 None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. See attached report.		\$50,000.00	payroll and accrued sick and vacation

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

 None

Creditor's name and address	Describe of the Property	Date	Value of property
-----------------------------	--------------------------	------	-------------------

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

 None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	---	-----------------------	--------

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

 None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. The LSMD Fund LA v. Gavin Herbert & Company dba Horton and Converse 22STCV12314	Civil	Superior Court of Los Angeles Stanley Mosk Courthouse 111 North Hill Street Los Angeles, CA 90012	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

 None**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

Date	Keith Lumpkin Payroll Paid	Leonie Lumpkin Payroll Paid	Matilda Lumpkin Payroll Paid	Charles Lumpkin Payroll Paid
3/30/2023		(1,000.00)	(1,000.00)	
04/13/23		(1,000.00)	(1,000.00)	
04/27/24		(1,000.00)	(1,000.00)	
05/11/23	(1,000.00)	(1,000.00)		
05/25/23	(1,000.00)	(1,000.00)		
06/08/23		(1,000.00)		
06/22/23		(1,000.00)		
07/06/23		(1,000.00)		
07/20/23	(3,000.00)	(1,000.00)		
08/03/23	(3,000.00)	(1,000.00)		
08/17/23	(3,000.00)	(1,000.00)		
08/31/23	(3,000.00)	(1,000.00)		
09/14/23	(3,000.00)	(1,000.00)		
09/28/23	(3,000.00)	(1,000.00)		
10/12/23	(3,000.00)	(1,000.00)		
10/26/23	(1,500.00)	(1,000.00)		
11/09/23	(2,500.00)	(1,000.00)		
11/22/23	(3,000.00)	(1,000.00)		
12/07/23		(1,000.00)		
12/21/23		(1,000.00)		
03/28/24			(3,000.00)	(3,000.00) Final PTO Payout
	(30,000.00)	(\$20,000.00)	(\$6,000.00)	(\$3,000.00)

Debtor

Gavin Herbert Company None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
------------------------------	---	-------------	-------

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.** None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
<p>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</p> <p>List unpaid claims on Official Form 106A/B (<i>Schedule A/B: Assets – Real and Personal Property</i>).</p>			

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

 None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Thomas J. Polis, Esq. Polis & Associates, APLC 19800 MacArthur Blvd, Suite 1000 Irvine, CA 92612-2433	retainer fee \$20,000 and filing fee \$338	January 2024	\$20,338.00

Email or website address
tom@polis-law.com

Who made the payment, if not debtor?
Keith Lumpkin

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

 None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
-------------------------	-----------------------------------	---------------------------	-----------------------

13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

 None.

Debtor

Gavin Herbert Company

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
Address 13.1 Charles Lumpkin	2016 Toyota Prius in lieu of salary	April 2024	\$14,000.00
Relationship to debtor insider/son			

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

 Does not apply

Address	Dates of occupancy From-To
14.1. 3471 Via Lido, Suite 200 Newport Beach, CA 92663	8/2012-8/2022

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

 No. Go to Part 9. Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?** No. Yes. State the nature of the information collected and retained.**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?** No. Go to Part 10. Yes. Does the debtor serve as plan administrator?**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

 None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer

19. Safe deposit boxes

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

page 4

Debtor

Gavin Herbert Company

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Does debtor still have it?
---	--	-----------------------------	----------------------------

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
---------------------------	-----------------------------------	-----------------------------	----------------------------

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No.
 Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	----------------------------------	--------------------	----------------

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

No.
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	------------------------------------	-----------------------------	----------------

24. Has the debtor notified any governmental unit of any release of hazardous material?

No.
 Yes. Provide details below.

Debtor

Gavin Herbert Company

Site name and address

Governmental unit name and
address

Environmental law, if known

Date of notice

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

 None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

 None

Name and address

Date of service
From-To

2/2022 to present

26a.1. **Michelle Burdette**
17811 Beard Lane
Huntington Beach, CA 92647

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

 None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

 None

Name and address

If any books of account and records are
unavailable, explain why

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

 None

Name and address

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

 No Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.1 Steve Kepler, President	12/22/2023	\$134,546.57
Name and address of the person who has possession of inventory records		
The Inventory Specialists 18017 Chatsworth Street, Suite 123 Granada Hills, CA 91344		

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Debtor Gavin Herbert Company

Name	Address	Position and nature of any interest	% of interest, if any
Keith Lumpkin	P.O. Box 9889 Newport Beach, CA 92658	CEO/President	100%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

No
 Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Madelta Lumpkin	P.O. Box 9889 Newport Beach, CA 92658	Director and Corporate Secretary	2016 to present
Charles Lumpkin	P.O. Box 9889 Newport Beach, CA 92658	Director and Treasurer	2016 to present

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

No
 Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 See attached report.			
Relationship to debtor			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

No
 Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

No
 Yes. Identify below.

Name of the pension fund	Employer Identification number of the pension fund
--------------------------	--

Date	Keith Lumpkin Payroll Paid	Leonie Lumpkin Payroll Paid	Matilda Lumpkin Payroll Paid	Charles Lumpkin Payroll Paid
3/30/2023		(1,000.00)	(1,000.00)	
04/13/23		(1,000.00)	(1,000.00)	
04/27/24		(1,000.00)	(1,000.00)	
05/11/23	(1,000.00)	(1,000.00)		
05/25/23	(1,000.00)	(1,000.00)		
06/08/23		(1,000.00)		
06/22/23		(1,000.00)		
07/06/23		(1,000.00)		
07/20/23	(3,000.00)	(1,000.00)		
08/03/23	(3,000.00)	(1,000.00)		
08/17/23	(3,000.00)	(1,000.00)		
08/31/23	(3,000.00)	(1,000.00)		
09/14/23	(3,000.00)	(1,000.00)		
09/28/23	(3,000.00)	(1,000.00)		
10/12/23	(3,000.00)	(1,000.00)		
10/26/23	(1,500.00)	(1,000.00)		
11/09/23	(2,500.00)	(1,000.00)		
11/22/23	(3,000.00)	(1,000.00)		
12/07/23		(1,000.00)		
12/21/23		(1,000.00)		
03/28/24			(3,000.00)	(3,000.00) Final PTO Payout
	(30,000.00)	(\$20,000.00)	(\$6,000.00)	(\$3,000.00)

Debtor Gavin Herbert Company Case number (*if known*) _____

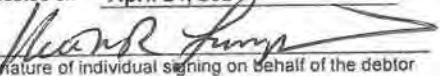
Part 14: Signature and Declaration

WARNING – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on April 24, 2024


Signature of individual signing on behalf of the debtor

Keith Lumpkin

Printed name

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

No
 Yes

United States Bankruptcy Court
Central District of California

In re Gavin Herbert Company

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

- Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$ <u>20,000.00</u>
Prior to the filing of this statement I have received	\$ <u>20,000.00</u>
Balance Due	\$ <u>0.00</u>

- \$ 338.00 of the filing fee has been paid.

- The source of the compensation paid to me was:

Debtor Other (specify):

- The source of compensation to be paid to me is:

Debtor Other (specify):

- I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

- In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- [Other provisions as needed]

Representation of the debtor(s) at the first scheduled hearing under Section 341(a).

- By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation does not include representing the debtor(s) in any dischargeability actions, judicial lien avoidances, reaffirmation agreements, relief from stay actions, objections to exemptions, appeals, Rule 2004 Examinations or related document productions, motions for reconsideration or any other adversary proceeding or contested bankruptcy matters. The firm's scope of representation shall be expressly concluded upon the conclusion of the debtor(s) first Section 341(a) hearing.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

April 24, 2024

Date

/s/ Thomas J. Polis, Esq.

Thomas J. Polis, Esq. 119326

Signature of Attorney

Polis & Associates, APLC

19800 MacArthur Boulevard, Suite 1000

Irvine, CA 92612-2433

(949) 862-0040 Fax: (949) 862-0041

tom@polis-law.com

Name of law firm

Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address Thomas J. Polis, Esq. 119326 19800 MacArthur Boulevard, Suite 1000 Irvine, CA 92612-2433 (949) 862-0040 Fax: (949) 862-0041 California State Bar Number: 119326 CA tom@polis-law.com	FOR COURT USE ONLY
<input type="checkbox"/> Debtor(s) appearing without an attorney <input checked="" type="checkbox"/> Attorney for Debtor	
UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA	
In re: Gavin Herbert Company	CASE NO.: CHAPTER: 7
VERIFICATION OF MASTER MAILING LIST OF CREDITORS [LBR 1007-1(a)]	
Debtor(s).	

Pursuant to LBR 1007-1(a), the Debtor, or the Debtor's attorney if applicable, certifies under penalty of perjury that the master mailing list of creditors filed in this bankruptcy case, consisting of 6 sheet(s) is complete, correct, and consistent with the Debtor's schedules and I/we assume all responsibility for errors and omissions.

Date: April 24, 2024


Signature of Debtor 1-Keith Limpkin

Date: _____

Signature of Debtor 2 (joint debtor) (if applicable)

Date: April 24, 2024

/s/ Thomas J. Polis, Esq.
Signature of Attorney for Debtor (if applicable)

Gavin Herbert Company
P.O. Box 9889
Newport Beach, CA 92658

Thomas J. Polis, Esq.
Polis & Associates, APLC
19800 MacArthur Boulevard, Suite 1000
Irvine, CA 92612-2433

Office of the US Trustee, Santa Ana
411 West Fourth St, Ste 7160
Santa Ana, CA 92701-8000

ADP, Inc.
PO Box 830272
Philadelphia, PA 19182

AT&T
P.O. Box 5014
Carol Stream, IL 60197

BSN Medical
P.O. Box 3036
Carol Stream, IL 60132

California Automobile
P.O. Box 5600
Rancho Cucamonga, CA 91729

Cardinal Health At Home
P.O. Box 635864
Cincinnati, OH 45263

Century City Mall, LLC
7950 Collection Center Drive
Chicago, IL 60693

Charter Communications
P.O. Box 60074
City of Industry, CA 91716

CIM Group
Lockbox# 18943183
P.O. Box 8315
Pasadena, CA 91109

CIM Group
4700 Wilshire Blvd.
Los Angeles, CA 90010

Citron Cooperman
50 Rockefeller Plaza, Fl. 3
New York, NY 10020

Cox, Castle & Nicholson, LLP
Paul E. Van Hoomissen, Esq.
2029 Century Park East
Los Angeles, CA 90067

Dept. of Health Care Services
P.O. Box 9977421
MS 4720
Sacramento, CA 95899

DJ Orthopedics, LLC
P.O. Box 650777
Dallas, TX 75265

Drive Medical Design & Mftg.
29427 Network Place
Chicago, IL 60673

Federal Express
P.O. Box 7221
Pasadena, CA 91109

Freeman, Freeman & Smiley
1888 Century Park East, Suite 1500
Los Angeles, CA 90067

Frontier Communications
P.O. Box 740407
Cincinnati, OH 45274

Golden Technologies
401 Bridge Street
Old Forge, PA 18518

goto Premium Finance
P.O. Box 4312
Woodland Hills, CA 91365

Independence Medical
P.O. Box 635864
Cincinnati, OH 45263

KBKG Accounting
225 S. Lake Avenue, Suite 400
Pasadena, CA 91101

Keith Lumpkin
P.O. Box 9889
Newport Beach, CA 92658

McKesson General Medical
P.O. Box 933027
Atlanta, GA 31193

Medi USA, LP
P.O. Box 358110
Pittsburgh, PA 15251

Michael A. Shakouri, Esq.
Goodkin Law Group, APC
1900 Avenue of the Stars, # 1820
Los Angeles, CA 90067

NewMedical Technology, Inc.
310 Era Drive
Northbrook, IL 60062

Nova Ortho-Medi, Inc.
1470 Beachey Place
Carson, CA 90746

Ossur Americas, Inc.
P.O. Box 83190
Woburn, MA 01813

Ovation Medical
P.O. Box 971
Agoura Hills, CA 91301

Pedifix, Inc.
301 Fields Lane
Brewster, NY 10509

Penn Records Management
2551 South Garnsey Street
Santa Ana, CA 92707

Performance Health
P.O. Box 93040
Chicago, IL 60673-3040

Phillips 66
P.O. Box 669824
Dallas, TX 75266

Regency Product International
P.O. Box 64572
Los Angeles, CA 90064

Salk, Inc.
Highway, Suite 5
Commack, NY 11725

Signature Services
4425 Jamboree Rd., #250
Newport Beach, CA 92660

Sigvaris, Inc.
P.O. Box 2809
Peachtree City, GA 30269

Sola Security of Los Angeles
7916 Ajay Drive
Sun Valley, CA 91352

Staples Business Credit
P.O. Box 105638
Atlanta, GA 30348

Superior Court of Los Angeles
Stanley Mosk Courthouse
111 North Hill Street
Los Angeles, CA 90012

The LSMD Fund LA, LLC
2029 Century Park East, Suite 2100
Los Angeles, CA 90067

VGM Forbin
P.O. Box 2817
Waterloo, IA 50704

Vive Health
8955 Fontana Del Sol Way
Naples, FL 34109

Attorney or Party Name, Address, Telephone & FAX Nos., and State Bar No. & Email Address Thomas J. Polis, Esq. 119326 19800 MacArthur Boulevard, Suite 1000 Irvine, CA 92612-2433 (949) 862-0040 Fax: (949) 862-0041 California State Bar Number: 119326 CA tom@polis-law.com	FOR COURT USE ONLY
■ Attorney for:	
UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA	
In re:	CASE NO.: ADVERSARY NO.: CHAPTER: 7
Gavin Herbert Company	Debtor(s),
	Plaintiff(s),
	Defendant(s).
CORPORATE OWNERSHIP STATEMENT PURSUANT TO FRBP 1007(a)(1) and 7007.1, and LBR 1007-4	
[No hearing]	

Pursuant to FRBP 1007(a)(1) and 7007.1, and LBR 1007-4, any corporation, other than a governmental unit, that is a debtor in a voluntary case or a party to an adversary proceeding or a contested matter shall file this Statement identifying all its parent corporations and listing any publicly held company, other than a governmental unit, that directly or indirectly own 10% or more of any class of the corporation's equity interest, or state that there are no entities to report. This Corporate Ownership Statement must be filed with the initial pleading filed by a corporate entity in a case or adversary proceeding. A supplemental statement must promptly be filed upon any change in circumstances that renders this Corporate Ownership Statement inaccurate.

I, Thomas J. Polis, Esq. 119326, the undersigned in the above-captioned case, hereby declare
(Print Name of Attorney or Declarant)
under penalty of perjury under the laws of the United States of America that the following is true and correct:

[Check the appropriate boxes and, if applicable, provide the required information.]

1. I have personal knowledge of the matters set forth in this Statement because:

- I am the president or other officer or an authorized agent of the Debtor corporation
- I am a party to an adversary proceeding
- I am a party to a contested matter
- I am the attorney for the Debtor corporation

2.a. The following entities, other than the debtor or a governmental unit, directly or indirectly own 10% or more of any class of the corporation's(s') equity interests:
[For additional names, attach an addendum to this form.]

b. There are no entities that directly or indirectly own 10% or more of any class of the corporation's equity interest.

April 24, 2024

Date

By: /s/ Thomas J. Polis, Esq.

Signature of Debtor, or attorney for Debtor

Name: Thomas J. Polis, Esq. 119326
Printed name of Debtor, or attorney for
Debtor